

LEXDEN AND WINSTREE
RURAL DISTRICT COUNCIL.



ANNUAL REPORT

OF THE

Medical Officer of Health,

A. J. WILLIAMSON,
D.S.O., M.A., M.D., D.P.H.

1920.



COLCHESTER :
WILES & SON, TRINITY STREET
1921.

VICTORIA CHAMBERS,

COLCHESTER,

15th April, 1921.

*To the Chairman and Members of the
Lexden and Winstree Rural District Council.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting to you my first Annual Report on the health and sanitary circumstances of the district, during the year 1920.

My period of duty in the district dates from the 1st of April, but the present report covers the whole year.

I have endeavoured to present the various sections of the report in as clear a light as possible, but that there are inaccuracies I have no doubt, and I must crave your indulgence for these. I had great difficulty and was only partially successful in getting past records of the department from my predecessor Dr. J. W. Cook, who was also Medical Officer of Health for the Tendring Rural District and for Clacton Urban District. In compiling the report I have had very little beyond my own limited experience of the district to build upon.

I am pleased to record the formation during the year of a Public Health Committee. This Committee took the place of several small Committees appointed from time to time to deal with particular matters connected with sanitation. Under the chairmanship of John S. Goodhart, Esq., the Public Health Committee has already amply justified its existence.

I have to thank the council and individual members thereof for their consideration and help in the carrying out of my work.

I am, Ladies and Gentlemen,

Your obedient servant,

A. J. WILLIAMSON.



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Uxbridge & Winstree Rural District Council.

NATURAL & SOCIAL CONDITIONS OF THE DISTRICT.

POPULATION. The population of the district according to the 1911 census was 19,686. The Registrar-General gives as his estimate of the population at the middle of 1920 the figure 18,602.

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT. The district covers an area of 69,485 acres and is roughly crescent shaped, with the town of Colchester lying at the centre of the boundary between it and the Tendring Rural District to the east. To the north the river Stour forms the boundary between it and Suffolk. To the west lie the rural districts of Belehamp, Halstead and Braintree, and to the south the rural district of Maldon, the estuary of the river Blackwater and the sea. The district measures some twelve miles from north to south and about nine miles on an average from east to west. The greater part of the district lies within a radius of eight miles of Colchester.

The contour of the district is undulating. The highest points are about 230 feet above sea level, and the ground slopes downwards towards the three rivers, which flow in a general direction eastwards; the river Stour in the north, the river Colne in the centre, picking up at Rowhedge the Roman River with its tributary the Layer Brook.

According to the Geological stratum forming the surface the district can be divided roughly into three parts. In the northern part the soil is loam and gravel, in the western boulder clay, and in the southern the London clay. The predominance of the London clay in the southern part of the district results in great difficulty in obtaining water there. Overlying the clay in Mersea Island are some half-dozen patches of gravel and sand which are water bearing. The London clay is found on the surface again along the course of the rivers and streams of the district, and in these situations as well as along the seaboard patches of alluvium are to be found.

The district is divided into thirty-five parishes.

The number of inhabited houses at the 1911 census was 4,824, giving an average number of persons in the house of 4.08.

SOCIAL CONDITIONS The inhabitants generally are engaged in agriculture.

At Mersea and East Donyland fishing and particularly the oyster fisheries give occupation to many of the natives.

Ship building is an industry of some importance at Rowhedge, river boats, tugs and Admiralty pinnaces being built there.

In the summer months large numbers of visitors go to stay at Mersea, which is a favourite seaside resort.

VITAL STATISTICS. As will be seen from an examination of Table I., the population of the district in recent years remains in an almost stationary condition.

For the years 1916 to 1919 two estimates of population were given. The lower figure was an estimate of the actual number of civilians living in the district, and this figure was used in calculating the death rate, the higher estimate included men on military service and was that employed in arriving at the birth rate.

In 1920 demobilisation had reached a stage at which it was felt that the distinction between "birth rate population" and "death rate population" made during the period when a large part of the male population was under arms, might be discontinued. A single estimate is therefore given for 1920.

It will be of interest to see how far the estimated population differs from the number actually found when the census is taken in June, 1921.

But if the population shows no sign of increase the figures shown in other columns of the table indicate a remarkably satisfactory state of affairs. The birth rate—22·6—is half as high again as the average of the years 1915-1919. The death rate—10·7—and the infant mortality rate—35·5—are lower than they have ever been before.

The birth and death rates are calculated as so many per 1000 of the population. The infant mortality rate is the number of deaths under one year of age per 1000 births registered during the year.

The figures for this district exemplify equally satisfactory conditions in the country as a whole. A comparison is here shown with the provisional figures which the Registrar-General has supplied for England and Wales.

	<i>Birth Rate.</i>	<i>Death Rate.</i>	<i>Infant Mort. Rate.</i>
Lexden and Winstree R.D.	22·6	10·7	35·5
England and Wales . .	25·4	12·4	80·

BIRTHS. The total number of births for the year was 422, an increase of no fewer than 128 on the average of the previous five years. 217 were males and 205 were females. There was however, in the last quarter of the year a rather marked falling off in the number of births being notified.

The illegitimate births numbered twenty-four, ten males and fourteen females. This gives a percentage of 5·6 of the total births.

There were in addition twelve still-births. Three of these were notified by midwives and seven by parents or doctors, and the remaining two came to the knowledge of the Health Visitors indirectly.

TABLE I.—VITAL STATISTICS FOR THE WHOLE DISTRICT, 1920.
Number and Rates of Births and Deaths.

Year	Population estimated to middle of year.	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT		
		Uncorrected Number	Nett. Number	Rate	Number	Rate	of non-registered residents in District	of residents not regstd. in District	Under 1 yr. of age	
									Number	Rate per 1,000 Net Births
1915	18,946	285	290	14.5	296	15.5	9	—	28	97
1916	19,914 18,303	322	327	16.4	258	14.1	6	3	21	64
1917	18,319 16,434	256	256	14	220	13.4	3	10	19	74
1918	18,177 16,223	295	295	16.2	227	13.9	3	13	14	47
1919	18,635 17,889	294	294	15.7	227	12.6	2	13	20	68
1920	18,602	422	422	22.6	179	9.6	3	23	15	35.5
Area of District in Acres	...	...	69,485.	Total Population at all ages				...	...	19,686
				Number of inhabited houses				...	...	4,824
				Average number of persons per house				...	...	4.08
								At Census of 1911.		

The Notification of Births Acts, 1907 and 1915, provide for notification in writing to the M.O.H. within thirty-six hours of the occurrence of a birth. The duty falls either upon the father of the child or any person attending the mother at the time or within six hours of the birth. A certifiable birth is defined as "any child which has issued forth from its mother after the expiration of the twenty-eighth week of pregnancy whether alive or dead."

The total number of births notified was 404: live births, 384; still-births, ten. 111 of these notifications were received from midwives and 293 from parents and doctors. So that twenty-eight births were never notified, and the information as to these reached me through the Registrars' monthly returns or was obtained by the Health Visitors in the course of their work.

DEATHS. The total deaths registered in the district during 1920 numbered 179, which gives a death rate of only 9·6. But to this total must be added twenty-three deaths of residents, which were not registered in the district, and from it are to be deducted three deaths of non-residents, which were registered in the district. So that the nett deaths belonging to the district numbered 199, and the death rate comes out at 10·7. This figure shows a big drop from that of any previous year.

Table II. is a summary of the causes of death, shewing the age and sex distribution, and the deaths that occurred in institutions in the district.

The outstanding feature of the Table is the large proportion of deaths that occurred at the age of 65 and upwards, 115 of the total number. It must of course be remembered that there is among the inhabitants of a rural district such as this an unduly high proportion of the very old.

The number of deaths from Cancer—twenty-seven—is high, giving a percentage of 13·5 of all deaths. But again where the average age of the population is high, one expects a high death rate from a disease which occurs chiefly among persons over 45 years of age. The numbers in the two sexes were almost equal, thirteen males and fourteen females.

INFANT MORTALITY. Fifteen infants died in the first year of life. This number out of a total of 422 births gives the exceedingly low infant mortality rate of 35·5.

Four of the deaths were from premature birth, three from congenital malformation, and three from atrophy, debility and marasmus.

Table III. shows that five of these—one-third of the total number—died in the first week, and that twelve died in the first month of life. The longer that the life of an infant can be preserved the better its chance of ultimate survival. The five deaths that occurred in the first week can hardly be discriminated from still-births. These very early deaths have been aptly called "living still-births."

TABLE II.—SUMMARY OF CAUSES OF DEATH, 1920.

CAUSES OF DEATH		Males	Females	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.										Total Deaths in the District	
				All Ages											
				Under 1 year	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years		
All causes	{ Certified Uncertified	166 2	90 1	15 —	1 1	2 —	2 —	2 —	2 —	2 —	2 —	2 —	2 —	31	
Measles ...	...	1	1	1	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	...	—	1	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup ...	...	2	—	—	—	1	1	—	—	—	—	—	—	—
Influenza ...	...	1	1	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	...	—	1	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	...	3	1	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases ...	...	1	4	—	—	—	—	—	—	—	—	—	—	—
Cancer, malignant disease ...	...	13	14	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	...	2	3	—	—	—	—	—	—	—	—	—	—	—
Broncho-Pneumonia ...	...	8	2	1	—	—	—	—	—	—	—	—	—	—
Pneumonia (all other forms) ...	...	2	1	—	—	—	—	—	—	—	—	—	—	—
Other respiratory diseases ...	...	1	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis and Typhlitis ...	...	—	1	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of Liver ...	...	1	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease ...	...	5	2	—	—	—	—	—	—	—	—	—	—	—
Congenital Debility, &c. ...	...	2	5	10	—	—	—	—	—	—	—	—	—	—
Violence (apart from Suicide) ...	...	2	—	—	—	1	—	—	—	—	—	—	—	—
Suicide ...	...	4	—	—	—	—	—	—	—	—	—	—	—	—
Organic Heart Diseases ...	...	14	13	—	—	—	—	—	—	—	—	—	—	—
Other defined Diseases ...	...	43	40	3	—	—	—	—	—	—	—	—	—	—
Causes ill-defined or unknown ...	...	1	—	—	—	—	—	—	—	—	—	—	—	—

TABLE III.—INFANTILE MORTALITY, 1920.

Nett Deaths from stated causes at various ages under one year of age.

CAUSES OF DEATH	Under 1 Week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Months	3 to 6 Months	6 to 12 Months	Total deaths under 1 yr.
All causes ...	5	3	2	2	12	2	1	—	15
Whooping Cough ...	—	—	—	—	—	1	—	—	1
Congenital Malformation	2	—	—	1	3	—	—	—	3
Premature Birth ...	2	1	1	—	4	—	—	—	4
Atrophy, Debility and Marasmus ...	—	1	1	—	2	1	—	—	3
Atelectasis ..	1	—	—	—	1	—	—	—	1
Syphilis ...	—	—	—	1	1	—	—	—	1
Pneumonia (all forms)	—	1	—	—	1	—	—	—	1
Other Causes ...	—	—	—	—	—	—	1	—	1

Nett Births in the year	{ Legitimate	...	398.	Nett Deaths in the year	{ Legitimate Infants	15.
	{ Illegitimate	...	24.		{ Illegitimate Infants	0.

The infant deaths affected the legitimate infants solely; there were no deaths among the twenty-four illegitimate babies.

POOR LAW RELIEF. The Poor Law Union includes the Urban District of Wivenhoe as well as this district. The following figures, which apply to the whole Union have been supplied by the Clerk to the Guardians:—

Average number of institution inmates	..	110
Yearly cost of in-maintenance	.. ..	£2984
Average number receiving out-door relief	..	220
Yearly cost of out-relief	.. ..	£2107
Average number of lunatics	.. ..	70
Yearly cost of lunatics	.. ..	£4607

HOSPITAL ACCOMMODATION. There is no general hospital in the district, which is dependent in this respect on the Essex County Hospital at Colchester and the London Hospitals.

For accommodation at the Poor-law Infirmary see previous paragraph.

Tuberculosis patients attend the County Dispensary at Colchester.

The Maternity and Child Welfare scheme of the Council includes two Infant Welfare centres, at Rowhedge and West Bergholt. Sessions at each of these are held fortnightly.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

WATER. The district depends for its water supply on wells—mostly shallow—springs and rainwater.

There are in all eighteen public supplies, two of them possessing water-works. These latter supply the parishes of East Donyland and Stanway. At each there is a deep boring into the chalk, and the water is pumped to a large tank elevated on a brick tower, whence distributing mains carry it by gravitation to the houses. Both provide continuous supplies, and in both cases the quality of the water is excellent.

The smaller public supplies are to be found in the parishes of West Bergholt (two), Chappel, Dedham, Fordham, Great Tey (two), Fingringhoe (two), Inworth, Layer Breton, East Mersea, West Mersea (two), Messing and Peldon. With two exceptions these are all shallow wells.

The public well at Layer Breton had been found to be polluted, and the cause was traced to the sewer, which passes the well at a few yards distance, and was in a leaky condition. The sewer was entirely reconstructed, and in six months time the public well was passed fit again for human consumption and domestic use. Before I took up duty in the district the county Medical Officer had visited this parish with a view to advising as to a public supply here. Analysis showed the majority of the wells in the neighbourhood of the Heath to be contaminated, and proposals were made for a supply to be taken from a spot at the top of the heath near the “Hare and Hounds,” and

piped to the site of the existing public well. The rateable value of the parish is low, however, and no feasible scheme could be carried through.

At Dedham the Tendring Hundred Water Company have sunk a deep well as an additional source of supply for their district. The parish of Dedham will be supplied from this well, which, but for the war, would doubtless have been in operation before now.

In the greater part of the district there is no scarcity of water, although the quality often leaves much to be desired. The wells are shallow, and usually constructed of brickwork laid dry, *i.e.* without cement, right to the surface of the ground—no attempt being made to prevent pollution from the soil. In this connection difficulty has frequently arisen in regard to the granting of the water certificate required under the Public Health (Water) Act, 1878. To meet this difficulty I suggested, and the Council agreed, that a bye-law dealing with the proper construction of wells be added to the existing bye-laws with respect to new buildings. This bye-law was to require that the walls of all wells be constructed of impervious material for at least five feet from the surface of the ground downwards. The Ministry of Health however, wrote to say that they had no power to sanction such a bye-law. It was attempted also to introduce a bye-law, requiring the owner to obtain this certificate before beginning building operations. But this attempt to save the pocket of the prospective owner met with a similar fate, and indeed it is doubtful if with such a bye-law in operation it would be possible to carry out any building at all. So that all that can be done in practice is to advise the builder that unless he builds in the manner approved, *viz*: cementing his brickwork in the upper part of the well or using concrete tubes, his labour is likely to be in vain.

There is a great shortage of water in the southern part of the district. An appeal was received during the year from the parishes of Salcot and Virley for a public supply, and this vexed question was again gone carefully into. These parishes, like Abberton, Langenhoe, Peldon and the Wigboroughs, lying directly on the London clay are incapable, short of the boring of deep wells, of producing their own water supply. They depend on water carted from adjoining districts or on rain-water collected from the roofs or from ponds. At Salcot and Virley barrels and tanks of one kind or another are found at every house, and into these the rain-water is led from the roofs, the simple device of a stocking tied over the end of the down pipe supplying the requisite means of filtration.

To secure an improved supply I suggested various alternatives:—

- (1) To get the water mains of the Maldon R.D.C. extended into the area. This would mean about two miles of piping.
- (2) To bore a deep well in a central position into the chalk. Such a boring would probably have to go down 300 to 400 feet.
- (3) To tap the water of the Layer brook and after filtering and treating it, to carry it in pipes to the village—a distance of about two miles.

My proposals for remedying conditions, when gone into, were all found to be impracticable on the ground of cost, so that the matter was perforce dropped for the present.

Abberton and Langenhoe have also appealed for water, but again no scheme that was practicable could be found, and this district is supplied as before, by a cart bringing water from the spring in the neighbouring parish of Fingringhoe. The water is sold at a penny a pail along the route.

Needless to say the whole of this area must remain at a stand-still until it is furnished with an adequate supply of wholesome water. Under the Council's Housing Scheme, which will provide 236 new houses for the district, not one house is being erected in any of these parishes.

Water examinations are made under an agreement with the Council by Mr. A. W. Nunn, Chemist and Analyst. During the year, thirty-five samples were submitted for analysis, and the results are shown here.

SAMPLES OF WATER ANALYSED IN 1920.

<i>Parish</i>	<i>No. of Sample</i>		<i>Result</i>
Aldham	..	2	Good
Birch	..	2	Good
Fingringhoe	..	2	Good
	..	1	Doubtful
Inworth	..	1	Good
	..	2	Bad
Layer Breton	..	4	Doubtful
	..	4	Bad
Messing	..	1	Bad
Wakes Colne	..	1	Bad
West Mersea	..	4	Good
	..	1	Doubtful
	..	10	Bad
Total .. 35			

The public supplies at Layer Breton and Messing are included in the above as bad. The Layer Breton supply has since (Jan. 1921) been passed as good, the Messing supply is receiving attention.

A few samples were also examined bacteriologically at the county laboratory.

The granting or withholding of water certificates has been determined very largely by the findings of chemical analysis.

RIVERS AND STREAMS. There is undoubtedly a certain amount of pollution of the River Colne as it passes through the district. Sewage in small quantities enters the river at Wakes Colne, Chappel and Ford Street—all above Colchester—and in larger amount below Colchester at Rowhedge.

Two small sewers discharge into the River Blackwater at West Mersea.

In connection with the contemplated scheme of sewerage for West Mersea, a query was addressed in October to the Ministry of Health as to whether the discharge of crude sewage into the river Blackwater at its mouth would be permitted, or whether the introduction of a purification plant would be required. A Medical Officer visited on the 25th and 26th of November and investigated the conditions locally, but so far (Easter, 1921) no communication has been received from the Ministry.

DRAINAGE AND SEWERAGE. The only part of the district at present possessing a system of sewerage with sewage works is Dedham. The sewers here follow the main roads of the village and lead to a pumping station, septic tank and two contact beds with revolving sprinklers near the river, into which the effluent is passed. This system is intended to deal with the waste water from the houses in the village, but it appears that surface water also gains access at various points, as the quantity of material passing through the works is vastly increased during storms.

The works had been badly neglected during the War with the result that they were found to be functioning very poorly. The filter beds were choked and the sprinkling arms were worn out, and had ceased to revolve. Certain repairs have now been effected and the system is working more efficiently. It will not, however, attain to its full usefulness until the public water supply is provided and water closets are made to replace the present conservancy system.

At Rowhedge, except that there are some dozen-and-a-half cesspools the drainage leads direct into the river Colne. This village being compactly built and already provided with a public water supply is adapted in every way for a system of water carriage sewerage. One evil smelling sewer ditch behind the houses on the north side of Regent Street was piped in during the year, but the whole question of the drainage of this village is one that must receive serious attention at an early date.

The parish of West Mersea is also in need of a drainage system, but here the problem is one of greater difficulty as building is on a much opener plan, and there is no public water supply. It is probable that three separate systems would be required to deal with the area. Many of the newer houses are provided with baths, and during the summer when visitors flock to the seaside, numerous complaints are received of nuisances arriving from overflowing cesspools, etc.

The sewer at Layer Breton has been entirely reconstructed and continued to a point below the new Council houses where a small sewage works has been installed. It discharged previously without treatment into a ditch. This work was undertaken as it was found that the sewer was leaking and was causing pollution of the public well. The result as regards the well has been entirely satisfactory,

but it would have been better if the sewage filter bed in view of possible nuisance arising therefrom, had been laid down at a greater distance from the new houses. The sewer takes the drainage from thirteen houses.

At Boxted there is a sewer leading to a settling tank with an overflow which discharges into an open dyke. The sewer deals with the sewage of a portion only of the village.

At Messing the village sewer ends in an open ditch, and the same state of affairs exists at Abberton, and at Great Tey.

CLOSET ACCOMMODATION. Exact figures as to the numbers of the different types of closet in the district are not available, but careful estimates indicate that there are approximately :

Pail closets	..	..	..	..	..	2440
Cesspit privies	..	..	..	..	..	1900
Water closets	..	..	..	..	..	160

The number of the pail closets is now well in excess of the number of privies, but the majority of the water closets are still hand-flushed.

The privies are almost all of the old-fashioned type with underground vaults, in very many cases inadequately covered and with walls that are by no means impervious. Where the water supply is derived from shallow wells, as is the case generally in this district, the danger of pollution from these privies is obvious and ever present.

Almost all the houses in the district are provided with separate closet accommodation, and where this is not the case the Council now usually requires it to be provided. During the year ten additional closets were provided for old property. At Rowhedge, however, where there is a prospect of a drainage scheme being adopted in the near future we are not pressing for additional accommodation, or for the conversion of privies except in bad cases where there is a danger to health. There are in this village 246 pail closets and 130 privies.

At Dedham about eighty houses are provided with water closets connected to the sewerage system there, but in the absence of a public water supply almost all of these are hand-flushed.

During the year twenty privies have been converted to pail closets. Very few, if any, have been converted to water closets. Twenty-one closets, all of them pail closets, have been constructed for new houses.

SCAVENGING. Scavenging is carried out at the public cost in two of the parishes—East Donyland and West Mersea. At both places the work is in the hands of local contractors. Under the agreement pail closets are emptied weekly, cesspits and privy middens monthly.

But one cannot say that the work is carried out efficiently, and during the summer, especially, complaints are frequently received. The contractor at West Mersea appears to be unable to cope with the extra work in summer caused by the flow of visitors to the seaside. At this time the accommodation of the parish is strained

to its utmost limits, and houses standing vacant through the greater part of the year are all now in occupation. The larger and newer of these being provided with baths, the cesspits are rapidly filled and overflow with attendant nuisance. The pressure of work in the season results too in his using as dumping ground pieces of waste ground adjacent to the dwelling houses instead of at a distance, which would entail longer journeying than he has time for.

The equipment used by the contractor at Rowhedge (East Donyland) for emptying cesspools and privies is the rather primitive one of a baling ladle.

Covered ash bins are being insisted upon, but there are still many of the old insanitary ash pits in existence.

Refuse is disposed of to farmers, or deposited on tipping grounds ; there is no refuse destructor.

The scavenging of these two parishes for the year was carried out at a cost of £860 : £500 at West Mersea, £360 at East Donyland.

SANITARY INSPECTION OF THE DISTRICT.

Very little beyond attending to complaints and other matters of urgency, and visiting cases of infectious diseases on notification could be attempted during the greater part of the year, as the Sanitary Inspector was doing also the work of Highways Surveyor and Local Fuel Overseer. Since the 1st of November, however, when a new Sanitary Inspector was appointed, it has been possible to get the sanitary inspection of the district more effectively seen to, and arrears of work are now being overtaken. The M.O.H. and the Inspector frequently carry out these inspections together, especially when questions of dealing with groups of old and insanitary house property are under consideration.

TABLE IV. is a statement of the inspections made with the results during the year :—

Number of inspections made	686
Nuisances found	116
Nuisances outstanding from 1919	8
Informal notices served	116
Informal notices complied with	81
Statutory notices served	37
Statutory notices complied with	16
Total nuisances abated	105
Nuisances outstanding, Dec. 31st	19
Legal proceedings	0
Overcrowding discovered	5
Overcrowding abated	1
Overcrowding outstanding	4
Privies converted to pail closets	20
Privies converted to water closets	0
Additional closets for old property	10

CONTROLLED PREMISES AND OCCUPATIONS.

The character and number of these is shown in the accompanying table:—

TABLE V.

	<i>No. in District.</i>	<i>No. on Register.</i>	<i>Total No. of Inspections.</i>
Bakehouses ..	20	20	25
Canal Boats ..	0	0	0
Common Lodging Houses	0	0	0
Cowsheds ..	50	31	55
Other Dairies, &c. ..	6	6	6
Knackers Yards ..	0	0	0
Slaughter Houses ..	11	11	46
Offensive Trades ..	0	0	0

BAKEHOUSES. These are kept under supervision, and cleanliness and regular lime-washing are insisted upon. There are no underground bakehouses in the district.

COWSHEDS, DAIRIES AND MILKSHOPS. Many of them are very dilapidated, and closer inspection will be required in the case of some to ensure that a higher standard of cleanliness is maintained. Power is given under the Council's Bye-laws to require hygienic construction and drainage of the cowsheds.

SLAUGHTER HOUSES. There are eleven on the register, but as no bye-laws are in force locally, licences are not issued.

SCHOOLS. There are thirty-five Public Elementary Schools in the district and all have been visited during the year by the M.O.H. as he is also School Medical Inspector. The number of pupils on the roll is 2,649, giving an average of 75 pupils to the school.

With a few exceptions sanitary arrangements were found to be satisfactory, and where interference was called for the defects have been remedied.

FOOD. (a) MILK SUPPLY. The approximate number of milch cows in the district is 337. Most of the milk produced is consumed in the district, but a certain quantity is sent into Colchester and up to London. No milk is imported into the district.

The condition of many of the Cowsheds is far from satisfactory, but it is hoped now with more efficient inspection, and by enforcing the bye-laws to secure a higher standard where required.

MILK (MOTHERS AND CHILDREN) ORDER, 1919. See Maternity and Child Welfare Section (p. 24).

(b) MEAT. The registered slaughterhouses (eleven in number) are all kept under supervision and visited as occasion arises, but it is next to impossible to supervise the actual slaughtering of animals, as there are no regular times for slaughtering, and the slaughterhouses are so widely scattered. There is no public abattoir in the district.

No Bye-laws are in force locally for controlling these premises.

There have been no seizures of unsound meat during the year, but one piece of imported meat weighing 99-lbs. was inspected by me at a butcher's request and condemned.

No cases of tuberculosis in carcases have come to my notice, and no action under section 117 of the Public Health Act, 1875, has been necessary.

The following statement gives the number of slaughterhouses in use in the district at the dates mentioned :—

In 1914		In Jan. 1920		In Dec. 1920
12	..	11	..	11

(c) OTHER FOODS. During the year notice was received from Medical Officers of Health in London of the importation of three consignments of unsound food into this district. Two of these were of unsound condensed milk and one was of unsound dates. All had been released subject to the buyer's guarantee that they were intended for pig feeding.

These consignments were all kept under observation with the view to ensuring that they were used for the purposes stated.

Notices have been served in the case of one bakehouse where the surroundings were found to be insanitary, and a cesspit has been removed and a privy converted to a pail closet.

(d) No cases of food poisoning have come under my notice during the year.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

NOTIFIABLE. No serious outbreak of notifiable diseases occurred during the year. The total number of notifications received was sixty-nine. These are analysed in Table VI. which shows the age and area distribution of the various diseases.

The procedure on receipt of a notification of infectious disease is as follows. A visit to the house is at once made by the Sanitary Inspector, and a report made to me of the home conditions. Where isolation can be carried out satisfactorily at home and it is not desired to remove the patient to hospital, sanction for this is given and in these cases a visit is subsequently made by the M.O.H. Otherwise the patient is removed by motor ambulance to the Borough of Colchester Isolation Hospital.

Treatment is carried out here under an agreement between this Council and the Colchester Town Council. During the year twenty patients were treated at the Isolation Hospital—one case of cerebro-spinal fever, the remainder cases of scarlet fever or diphtheria. Just one half therefore of the cases of scarlet fever and diphtheria were sent to hospital, the other half being treated at home.

Disinfection at the patient's home is carried out by the Council's disinfecting officer. A portable steam disinfecter is used for the

TABLE VI.—NOTIFICATION OF INFECTIOUS DISEASE.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED								TOTAL CASES NOTIFIED IN EACH PARISH.													Total Cases Moved to Hospital.								
	At all ages	Under 1 yr.	1-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	Over 65 yrs.	Langham	West Bergholt	Boxted	Chappel	Copford	Bedham	Forlham	Great Horkeley	Stanway	Marks Tey	Wormingford	Birch	Layard-la-Haye		West Mewen	Messing	East Peldon	Donyland	Wakes Colne	Great Wigborough	Inworth	
		22	4	6	8	4	—	—	3	4	3	—	1	1	1	4	1	—	1	—	1		4	—	—	—	—	—	—	—
Scarlet Fever	...	17	1	2	10	3	1	—	1	2	1	1	1	1	5	4	—	—	—	—	2	—	—	—	—	—	—	—	—	
Diphtheria	...	5	—	—	—	3	2	1	1	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	
Erysipelas	...	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Fever	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cerebro-Spinal Fever	...	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Ophthalmia Neonatorum	...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Tuberculosis :																														
(a) Pulmonary	...	16	—	2	6	6	2	2	2	—	—	—	—	2	—	2	—	—	1	—	1	4	1	2	1	2	—	—	—	—
(b) Other forms	...	5	—	—	3	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—
TOTALS	...	69	3	6	19	20	17	2	2	1	6	8	3	1	4	2	4	9	6	1	2	1	13	1	2	1	2	1	1	20

clothing and bedding, and the room is sprayed with formalin or fumigated with sulphur or formalin vapour.

SCARLET FEVER. Twenty-two cases were notified, which is just the same number as in 1919. The type of the disease has been very mild, and doubtless a number of cases have passed unobserved. It is these unrecognised cases that are largely responsible for the continued prevalence of the disease. The illness is so mild that the advice of the doctor is not sought. The precautions taken in the declared case are omitted and the infection is allowed to spread.

DIPHTHERIA. The seventeen cases shown include nine from the two parishes of Stanway and Marks Tey, at each of which a small epidemic caused some anxiety. Swabbing of the throats of children attending the schools in these two places was carried out, but in no case was the bacillus of diphtheria found.

Thirty-six throat swabs were sent during the year to the county laboratory for diagnostic purposes. Nineteen of these were taken by the M.O.H. whilst investigating outbreaks in connection with the schools, and seventeen were sent up by the private doctors. Of the thirty-six, five were returned positive, and thirty-one negative.

A small stock of diphtheria antitoxin is maintained at my office, and is issued to the medical practitioners, a dose at a time as expended by them. The quantity of antitoxin issued in this way during the year was 54,000 units.

PNEUMONIA, MALARIA, DYSENTERY AND TRENCH FEVER. No cases of these diseases, which became notifiable under the regulation of 7th January, 1919, were notified by the private doctors, although four cases of malaria and one of dysentery (not shown on Table III.) were notified to me by the Ministry of Pensions. These were all ex-soldiers who had contracted the diseases abroad. There was no case of local infection.

SMALL-POX. No case occurred, nor were any vaccinations performed by the M.O.H. under the Public Health (Small-pox Prevention) Regulations, 1917.

The returns made by the Vaccination officers in the district (including Wivenhoe) will give some idea of the state of the community as regards vaccination.

Successfully Vaccinated	..	..	..	..	146
Conscientious Objections	..	..	..	..	160

Less than one half (47%) of the children whose births were registered in 1919 had been vaccinated by 31st December, 1920. Similar figures were obtained by a study of the children's school medical cards. From these it appeared that rather more than one half had been vaccinated.

OPHTHALMIA NEONATORUM AND PUERPERAL FEVER. See Maternity and Child Welfare Section (page 24).

TUBERCULOSIS. The number of cases of all forms notified was twenty-one.

Pulmonary	16
Other forms	5

But of this number only twelve were primary notifications, *i.e.* notifications of new cases.

Pulmonary	9
Other forms	3

The procedure on notification is somewhat different in the case of tuberculosis, as the County Council, not the Local Authority, is responsible for the control of this disease. When a notification is received, the patient is visited by the M.O.H. or one of the Health Visitors, who are also the tuberculosis officers under the County Council. Sanatorium, home or dispensary treatment is arranged for as the case may require.

The simplicity of this procedure in the case of tuberculosis is an instance of the advantage that results when the different duties laid on County Council and Local Authority are carried out by one and the same person.

A register is kept in which all notifications and all movements of tuberculosis patients are noted. At the end of the year the names of twenty-six patients suffering from pulmonary, and ten suffering from non-pulmonary tuberculosis were shown on this register.

Two patients in the district are carrying out open-air treatment in garden shelters.

Disinfection of the house is carried out after the death of a patient.

NON-NOTIFIABLE INFECTIOUS DISEASES. **WHOOPI**NG COUGH appeared and developed rapidly at the Fingringhoe school in the end of June. Within one week of the first case, eighteen children out of fifty on the roll had caught the disease. The school was closed, in the first place for six weeks, but the closure had to be extended for three weeks more as a large number of the children were still unfit to attend.

MUMPS, which had been prevalent in several localities during the autumn, took a particular hold at the Layer-de-la-Haye school in December. Thirty-six children were absent out of a roll of 101, and the school was closed for four weeks (including the Christmas holidays).

MATERNITY AND CHILD WELFARE. The Maternity and Child Welfare scheme is carried out by the Rural District Council.

The staff for this work consists of the M.O.H. and two Health Visitors. For the purposes of Health Visiting, the district is divided into two halves, a northern and a southern, corresponding with the Dedham and the Wivenhoe registration sub-districts respectively, and a Health Visitor is in charge of each. This arrangement has been in

force, however, only since the 1st of September, when the second Health Visitor was appointed. Before that date the entire work was undertaken by one Health Visitor. It was then much more than she could carry out properly. With the smaller and more compact areas the Health Visitors carry out their work much more efficiently and with greater comfort to themselves.

The following Table shows the visits paid by the Health Visitors during the year :—

TABLE VII.

To expectant mothers	..	..	First visits,	36
			Total visits,	90
To infants under 1 year	..	..	First visits,	428
			Total visits,	1864
To children 1 to 5 years	..	..	Total visits,	865

Every baby born in the District is seen by one of the Health Visitors as soon as the doctor or midwife who has been in attendance has left off visiting. Advice where wanted as to the care of the infant and its proper feeding and the return of the mother to her ordinary work is given. Breast feeding is given every encouragement, and sanction for any form of artificial feeding withheld except in the face of real difficulties on the side of either mother or child.

When she visits a baby for the first time, the Health Visitor makes out for record purposes, a card showing particulars of its birth, and notes thereon any adverse housing conditions that require attention, or that the Sanitary Inspector may be able to have remedied. These visits are continued through the infant's first year, during which some four to six visits are made. After the first year visits at longer intervals are made till the child reaches the school age of five. Notes are kept during this period also, on another card, the two cards together giving a complete history of the child's progress as regards feeding, teething, talking, walking and illnesses from birth to school age.

DISTRICT NURSE-MIDWIVES. The parishes of the district are arranged in groups of twos or threes—each group being the area of a District Nursing Association, and having its own District Nurse-Midwife.

Dedham.

Langham and Boxted.

West Bergholt, Great and Little Horkesley.

Fordham and Wormingford.

Chappel, Great and Little Tey, and Wakes Colne.

Aldham, Copford, and Marks Tey.

Stanway.

East Donyland and Fingringhoe.

East and West Mersea.

Messing and Inworth.

Birch, Layer Marney, Layer Breton, and Layer-de-la-Haye.

The northern half of the district is very well provided for, having seven nurses and all the parishes being covered. But it is different in the southern half, where there are only three Nurse-Midwives, and only four of the eighteen parishes are provided for. The nurse in the last group of parishes does not possess the midwives qualification, and one of the others does not practise midwifery. Peldon would make a good centre for a nurse in this part of the district. The need for more District Nurse Midwives here is great.

In some of the districts the nurses are frequently changing. Their work is often arduous, and the opportunities for enjoying the social life of the town are few. There is the more need on this account for making the conditions of their work as pleasant as possible, and the remuneration adequate.

INFANT WELFARE CENTRES. Two of these have been in use throughout the year. One of them is at Rowhedge, the other in the earlier part of the year was at Fordstreet, but this had proved to be a bad centre for work, and in May it was moved to West Bergholt, where it remains and has a much better attendance.

Meetings are held at the centres fortnightly. A Health Visitor is always in attendance, and the M.O.H. takes the alternate sessions at each.

The average attendance at each Centre is about eight, and in a scattered rural district it is hardly to be expected that the attendance can be much larger.

No stock of dried milk, patent foods or medicines is maintained, the work being confined to weighing of the infants, and instructions and advice in feeding, and the treatment of minor ailments.

Visits are also made by the Health Visitors after still-births and infant deaths for the purpose of investigating these occurrences.

A certain amount of ante-natal work is done by the Health Visitors, as is seen by referring to the visits shown on Table VII. But the bulk of the work is in the hands of the district Nurse Midwives, who naturally look after their cases from the time they are engaged. Very little ante-natal work is carried out at the centres. One mother who had suffered from eclampsia in previous pregnancies was granted a supply of milk in the last three months of her pregnancy, which terminated very successfully without complication.

One of the Health Visitors was appointed in the middle of the year Infant Protection Visitor under the Children's Act, 1908, this work having previously been in the hands of the Relieving Officers. The Infant Protection Visitor keeps a register of women who undertake to act as foster mothers, and seventeen names are shewn on this list. The children in the care of these foster mothers are mostly those of unmarried mothers who are employed in domestic service.

A few of these unmarried mothers subsequently marry, others live with their parents or go out to work. Several of these cases have been referred by the Health Visitors to the Police Court Missionary,

who in some has been successful in obtaining an order against the father of the child. Where this has failed and the mother is in difficulty as to means for the upbringing of the infant, help has been obtained through the Auxiliary Boarding-out scheme of Dr. Barnado's Homes.

MILK (MOTHERS AND CHILDREN) ORDER, 1919. The Council authorise me to sign orders for the supply of milk free to mothers and children in deserving cases. As applications are received each case is investigated and particulars of family income obtained on an enquiry form which I introduced during the year. The total income of the family is ascertained and this after deducting rent is divided by the number of members of the family. When the income per head is found to come below the figures as shown on the accompanying scale, orders are issued for a supply of milk, free of cost, for periods of four weeks at a time.

<i>No. in family</i>							<i>Average income per head</i>
1	..	..	..	..	..	..	9 -
2	..	..	..	..	..	..	9/-
3	..	..	..	..	..	..	8/-
4	..	..	..	..	..	..	8/-
5	..	..	..	..	..	..	7/-
6 or more	..	..	..	..	..	..	7/-

During the year fresh milk was supplied in twenty-four cases for an average period of three months in each. The amount of milk issued in this way was 2,208 pints, and the cost £46 6s. 1d. There can be no doubt that the supply of this milk has proved a great boon, and that the expenditure is more than justified.

The work in connection with Maternity and Child Welfare is most effectively linked up with the School Medical Service through the fact that the executive work of both services is carried out by the same staff.

The incidence of the infectious diseases affecting parturient women, infants and young children has been a low one, as the following table shows:—

TABLE VIII.

	<i>No. of Cases Notified</i>		<i>No. of Cases Visited</i>	
Ophthalmia neonatorum ..	2	..	2	
Puerperal Fever	1	..	1	
Measles and German Measles (children under 5)	—	..	15	
Whooping Cough, ditto	—	..	30	
Epidemic Diarrhœa, ditto	—	..	—	
Polio-myelitis, ditto	—	..	—	

The two cases of Ophthalmia neonatorum each received energetic treatment from the first, and both recovered without any damage to sight.

All cases of these diseases are visited by the Health Visitors as part of their routine work.

SANITARY ADMINISTRATION.

(1) STAFF. The staff of the Public Health Department consists of the Medical Officer of Health, the Sanitary Inspector, and two Health Visitors. A builder in the district acts as disinfecting officer, at a fixed sum per disinfection, and carries out his duties under the supervision of the Sanitary Inspector.

The M.O.H. and the Health Visitors are half time District Council and half time County Council officers. Their duties under the County Council are in connection principally with School Medical and Tuberculosis work, the M.O.H. in addition being district Inspector of Midwives.

Prior to the 1st of November, Mr. W. H. Filer filled the offices of Sanitary Inspector, Highways Surveyor and local Fuel Overseer. Owing to the size of the district he was unable to give to his duties in this department the time that these require. Since that date however, with the appointment of a whole time Inspector, Mr. Albert Hurd, sanitary matters can receive due attention.

The Sanitary Inspector is also Sanitary Surveyor and Superintendent of Scavenging. As Surveyor he is responsible for the care and working of the public water supplies and sewerage systems, but he is not Inspector of Building Plans, this office being still in the province of the Highways Surveyor. Why this anomaly exists it is difficult to see, for the duties of Building Plans Inspector are always considered to be included in those of Sanitary Surveyor.

Nurse Kerry was sole Health Visitor until the 1st of September, on which date a second Health Visitor, Nurse L. E. Ling, was appointed, and the district for the purposes of health visiting was divided into two, Nurse Kerry, however, remaining Infant Protection Visitor for the whole district.

(2) HOSPITAL ACCOMMODATION. Cases of infectious disease are treated under arrangement at the Colchester Isolation Hospital, where during the year twenty patients were received from this district.

Provision is made under the same agreement for the treatment of Small-pox cases at the Colchester Small-pox Hospital.

(3) The following is a list of the Bye-laws, Regulations and adoptive Acts in force in the district and of sections of the Public Health Acts under which Urban Powers have been obtained :—

(a) Bye-laws and Regulations :

Mersea Sea-shore (P.H.A.A. 1907, Part VII.)
Under Commons Act, 1899.
Water Supplies—East Donyland and Stanway.
New Buildings.
Dairies, Cowsheds and Milk shops.

(b) Adoptive Acts in force :

Infectious Disease Prevention Act, 1890.

Public Health Acts Amendment Act, 1907.

Part II.—secs. 20, 22, 23, 25, 30, 31, 33.

Part III.—secs. 36, 37, 38, 43, 44, 46.

Part IV.—secs. 54, 55, 56, 57, 58, 59, 66.

Part VII.—sec. 82.

Subject to certain conditions regarding secs. 30, 38, 59.

(c) Urban Powers obtained :

Public Health Act, 1875.

sec. 39—West Mersea.

sec. 150—Rowhedge (except as to sewerage).

sec. 229—Dedham, East Donyland and Mersea.

Public Health Acts Amendment Act, 1890.

sec. 41—Rowhedge.

sec. 42—Langham.

(4) ARRANGEMENTS FOR CHEMICAL AND BACTERIOLOGICAL WORK. One of the first problems that faced me after I took up duty here was this question of the arrangements for chemical and bacteriological examinations. Previously chemical analyses of water samples had been done by the M.O.H. under an agreement with the Council ; specimens for bacteriological examination had been sent to the Counties Laboratory in London. With regard to the latter it seemed to me a much preferable arrangement that they should be done locally. There is an avoidable waste of time involved in sending up to London specimens for examination. In the case of diphtheria throat swabs for instance, which form the bulk of the bacteriological work, a quick report is often of vital importance. And there would be no need to establish a new laboratory here, as the Colchester Borough Council already have a well equipped laboratory in their Public Health Department. The economic factor however, decided the question. Colchester would have had to make a charge for this work, whereas at the County Laboratory it is done free.

Particulars of the bacteriological work done during the year are given in the section on Infectious Diseases (page 18).

The chemical analysis of water supplies is done locally by Mr. A. W. Numm, Chemist and Analyst at his own laboratory, and this arrangement works very satisfactorily.

For particulars of these analyses for the year 1920, see section on Water (page 13).

HOUSING.

(1) GENERAL HOUSING CONDITIONS in the District. Before the War about twenty houses on an average were being built each year, but the total number built in the years 1915-1919 probably

does not exceed twenty, so that since the last census year, 1911, we may take it that only 120 new houses have been built in the district. But for the suspension of building operations in the war years we should now have some eighty more houses than there are. And to be added to this deficiency there are the houses that have gone permanently out of occupation during this period.

To meet this shortage the Council in its housing scheme undertook the building of 236 new houses. These houses are to be of the two types—parlour and non-parlour, 134 of the latter, 102 of the former. They are to be distributed fairly evenly over the parishes of the district, an average of about nine in each, with the exception of Aldham, Mount Bures, Abberton, Langenhoe, Great and Little Wigboroughs, Saleot and Virley. In these parishes largely owing to the water shortage no houses are being built under the scheme. The total acreage of land required for building was 46·96, and the approximate number of houses to the acre is five.

The scheme has been energetically pushed forward in the face of many difficulties—scarcity of materials, etc. 124 houses are in course of erection, some of them nearing completion, and the first of them should be ready for occupation soon after Easter. Contracts have been signed for 136 houses in all.

(2) OVERCROWDING. There is undoubtedly a great deal of overcrowding in the district, and there are cases where two or more families are occupying the same house. Cases are constantly coming to light. They vary of course in degree, but under present conditions it is practically impossible, owing to the acute shortage of houses, to take effective action. Particulars of all cases of overcrowding are noted with the view to giving them preference in the allotting of the new houses. But again, when people are advised to apply for accommodation in the new houses, the usual reply is that this is impossible, owing to the high rents required for them.

(3) FITNESS OF HOUSES. The general standard of housing in the district is low. Many of the older houses, that in the ordinary course would have passed away, have had to be patched up and kept in occupation longer than their condition warranted. Owing to the shortage of men and materials during the war, there were great difficulties in keeping houses in proper repair. Rent restriction and the high rate of wages ruling in the building trades have certainly had the effect of making it very difficult or impossible for owners to keep their property in fair condition. The majority of the rents in this district vary from 2/- to 3/- per week.

Dampness of the dwellings is their most usual defect. It may arise from defective roofs, absence of eaves-spouting permitting roof water to collect round the foundations, absence of damp-courses and from defective outside plaster work. There is commonly no provision for thorough ventilation, and windows are made not to open. Floors on the ground level are often made of bricks laid on the earth and uncemented. These become broken and irregular, and are usually

damp and very difficult to keep clean. Many of the houses are unprovided with drainage arrangements, and in many more the arrangements are defective.

GENERAL ACTION AS REGARDS UNFIT HOUSES. There are many cottages in the district which it is impossible to make reasonably fit without reconstruction and these should certainly be closed. Cottages that can be repaired and made reasonably fit for habitation are dealt with, although in many cases the prescribed standard of fitness cannot be insisted upon.

For detailed statistics as to action taken under the Public Health and Housing Acts, see the Appendices.

A few back-to-back houses have been discovered, but there are many others that, although they cannot be so described, are, owing to construction, without means of thorough ventilation, and these have all the evils of the back-to-back house.

(4) **UNHEALTHY AREAS.** There are none in the district.

(5) **BUILDING BYELAWS.** The Byelaws at present in existence are adequate to ensure building on sound lines, but it is desirable that they be more firmly enforced. It appears to have been the custom to sanction building plans showing no arrangements for house drainage, so long as the house is not to have a sink. In one or two cases where I have visited for the purpose of taking samples of water, I have found that a sink has been provided, discharging over a bucket within a few feet of the well. Presumably the sink has been added after the plans were passed, which of course is a simple matter, but the necessary drainage has not been provided. The only way to secure this is to insist on drainage arrangements being shown on the plan.

(6) In the appendices will be found statistics of housing conditions for the twelve months ending 31st December, 1920.



APPENDICES.

HOUSING CONDITIONS.

STATISTICS

Year ending 31st December, 1920.

1.—GENERAL.

(1)	Estimated population	18,602
(2)	General death-rate	10.7
(3)	Death rate from tuberculosis	48
(4)	Infantile mortality	35.5
(5)	Number of dwelling-houses of all classes	5,315
(6)	Number of working-class dwelling houses	4,025
(7)	Number of new working-class houses erected	21

2.—UNFIT DWELLING-HOUSES.

I.—INSPECTION.

(1)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	103
(2)	Number of dwelling-houses which are inspected and recorded under the Housing (Inspection of District) Regulations, 1910	105
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	21
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	54

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	40
---	----

III.—ACTION UNDER STATUTORY POWERS.

A. *Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919.*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	24
(2)	Number of dwelling-houses which were rendered fit—	
	(a) by owners	16
	(b) by Local Authority in default of owners	0
(3)	Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	0

B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	13
(2) Number of dwelling-houses in which defects were remedied—	
(a) by owners	85
(b) by Local Authority in default of owners ...	0

C. *Proceedings under sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909.*

(1) Number of representations made with a view to the making of Closing Orders	2
(2) Number of dwelling-houses in respect of which Closing Orders were made	2
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	1
(4) Number of dwelling-houses in respect of which Demolition Orders were made... ..	0
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	0

3.—UNHEALTHY AREAS.

Areas represented to the Local authority with a view to Improvement Schemes under (a), Part I., or (b), Part II., of the Act of 1890 :—

(1) Name of area	} Nil.
(2) Acreage	
(3) Number of working-class houses in area	
(4) Number of working-class persons to be displaced	

4.—Number of houses not complying with the building byelaws erected with consent of Local Authority under section 25 of the Housing, Town Planning, &c., Act, 1919 0

5.—Staff engaged on housing work with, briefly, the duties of each officer :—

G. E. TOMPSON, *Clerk.*
C. F. BLAND, C.A., *Financial Officer.*
A. T. CLARKE, *Architect.*
M. A. SMITH, *Housing Clerk.*
A. J. WILLIAMSON, *Medical Officer.*
A. HURD, *Sanitary Inspector.*



